Name in Full: James Adams

CERTIFICATE OF DEATH

MARYLAND

Died at: Mudows (Town) P.G.Co (County)

Date of death: 1905 Sept (Month) 6 (Day)

Age: 3 Years — Months — Days

Sex: Male

Color or Race: Black

Birthplace: PGCo Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: John Adams

Father's Birthplace: PGCo Md

Mother's Maiden Name: Allen

Mother's Birthplace: PGCo Md

Name of person giving information: John Adams

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Don't know

How long: —

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Upper Marlboro

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: George Bartley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Laurel — County: Prince Georges

Date of death 1905 — Month: Sept — Day: 2nd — Years: 53 — Months: 8 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Prince Georges Co

Occupation: Labor — Where Residing if not at place of death:

~~Married, Single~~ Widowed — Name of Wife or ~~Husband~~: Elizabeth Gibson

Father's Name: John Bartley — Father's Birthplace: Pr. Geo. Co

Mother's Maiden Name: Anna White — Mother's Birthplace: Pr. Geo. Co.

Name of person giving Information: Herbert Bartley — How related to deceased: Nephew

CAUSES OF DEATH

~~PHYSICIAN~~ OR CORONER

Primary: Struck by R R train — How long:

Immediate: Hemorrhage of the brain — How long: 1½ hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry F. Fraser

Address: Laurel Md.

Accident or Suicide?

Name in Full: Eva Elizabeth Bewley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berwyn — County: Prince George

Date of death: 1905 — Month: Sept — Day: 1

Age — Years: — Months: 6 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Berwyn Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John E. Bewley — Father's Birthplace: New Zealand

Mother's Maiden Name: Cornelia F. Hazard — Mother's Birthplace: Washington D.C.

Name of person giving information: John E. Bewley — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 26 days

Immediate: Marasmus — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. B. Etienne

Address: Berwyn Md

Accident or Suicide?

PHYSICIAN OR CORONER

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Name in Full: Wm J. Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at (City, Town, or Township): Lakeland — County: Prince Geo.

Date of death: 1905 Month: Sept Day: 18 — Age: Years: 30 Months: — Days: —

Sex: Mall — Color or Race: Colored — Birthplace: Maryland

Occupation: laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: ——

Father's Name: John H. Brooks — Father's Birthplace: Md

Mother's Maiden Name: Ross — Mother's Birthplace: Md.

Name of person giving information: John Brooks — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: about 1 year

Immediate: Asthma — How long: 2 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A Fleming

Address: Bowyer Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Dr. Alonzo Morris Buck

CERTIFICATE OF DEATH

MARYLAND

Died at: Hyattsville (Town) Prince George (County)

Date of death 1905 Month: Sept. Day: 24. Years: 79 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Queensbury N.Y.

Occupation: Clerk, War Dept. Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Marion Pollard Buck

Father's Name: Elias B. Buck Father's Birthplace: Not known

Mother's Maiden Name: ~~Not known~~ Maria Pratt Mother's Birthplace: Shaftsbury, Vt.

Name of person giving information: W. T. Brown How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility How long: 6 months

Immediate: Mitral Insufficiency (Heart Disease) How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Perry

Address: Hyattsville Prince George's Co

Accident or Suicide?

Name in Full: Lloyd Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Woodland (Town) P.G. (County)

Date of death: 1905 (Month) Aug (Day) 28

Age: 17 Years — Months — Days

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation: Farming

Where Residing if not at place of death: At home

~~Married,~~ Single ~~or Widowed~~

Name of Wife or Husband: —

Father's Name: George Butler

Father's Birthplace: Md

Mother's Maiden Name: Anna Butler

Mother's Birthplace: Md

Name of person giving information: R. H. Wyatt.

How related to deceased: none

CAUSES OF DEATH

Primary: 7. Fever — Hemorrhages from Lungs & bowels

How long: 7 months 10 days — Bowels 8 hours

Immediate: Exhaustion

How long: 8 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Waring

Address: Colmston

~~Accident or Suicide~~?

LIBRARY BUREAU AB3816

Name in Full: Mary Ellen Chase

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Piscataway County: Pr. Geo

Date of death: 1905 Month: Sept. Day: 26 Years: 38 Months: Days:

Sex: Female Color or Race: Colored Birthplace: Md

Occupation: Housemaid Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Danl. Chase

Father's Name: Henry Nelson Father's Birthplace: Md

Mother's Maiden Name: "Sally Moore" Mother's Birthplace: Md

Name of person giving information: Danl. Chase How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Stenosis How long:

Immediate: Syncope How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox

Address: Md.

Accident or Suicide?

LIBRARY BUREAU ASSOC

Name in Full: Alice Clarke

CERTIFICATE OF DEATH

MARYLAND

Died at: Bowie (Town) — P.G. (County)

Date of death: 1905 Month: Sept Day: 28

Age: Years: 11 Months: — Days: —

Sex: Female

Color or Race: Colored

Birthplace: Bowie Md.

Occupation: School child

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Ephy Clarke

Father's Birthplace: U.S. Md.

Mother's Maiden Name: Martha Johnson

Mother's Birthplace: Bowie Md.

Name of person giving information: Edward Johnson

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Burns

How long: Few hours

Immediate: Shock

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. M. Gwynn M.D.

Address: Springfield Md.

Accident or Suicide?

PHYSICIAN OR CORONER

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Name in Full: Cessig

CERTIFICATE OF DEATH

MARYLAND

Died at: Westphalia (Town) P.G. (County)

Date of death: 1905 Month: Sept Day: 19

Age: Years — Months — Days 5

Sex: Male

Color or Race: —

Birthplace: —

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Arthur Cessig

Father's Birthplace: P.G.C.

Mother's Maiden Name: Moran

Mother's Birthplace: " "

Name of person giving Information: Arthur Cessig

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —

How long: —

Immediate: —

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Upper Marlboro

Accident or Suicide?

PHYSICIAN OR CORONER

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Name in Full: John Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mellwood — Town
County: Prince Georges

Date of death: 1905 — Month: Sept. — Day: 13
Years: 78 — Months: — Days: —

Sex: Male
Color or Race: Black
Birthplace: Md

Occupation: Farmer
Where Residing if not at place of death: Mellwood

Married, Single or Widowed: Married
Name of Wife or Husband: John Green

Father's Name: Thomas Green
Father's Birthplace: Md

Mother's Maiden Name: Celia Cook
Mother's Birthplace: Md

Name of person giving In formation: Lucy Ann Green
How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary
How long: 8 Month

Immediate: Tuberculosis
How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr L A Griffith

Address: Upper Marlboro Md

Accident or Suicide?

Name in Full: Ralph Hartsetts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Laurel		County: P. G. Co		
Date of death 1905	Month: Sept	Day: 26	Age: Years	Months: 1	Days: 18
Sex: Male		Color or Race: White		Birthplace: Washington	
Occupation: None			Where Residing if not at place of death: Laurel		
Married, Single or Widowed: Widower		Name of Wife or Husband: None			
Father's Name: Edward Hartsett				Father's Birthplace	
Mother's Maiden Name: Dora Newman				Mother's Birthplace: Laurel	
Name of person giving information: Hale Newman				How related to deceased: Grandmother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Ileo-Colitis	How long	4 weeks
Immediate	asthenia	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. F. Taylor
		Address	Laurel, Md.
Accident or Suicide?			

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Name in Full: Edmund Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: near Laurel — County: Prince Geo

Date of death 1905 — Month: Sept — Day: 1 — Years: Age 54 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Washington

Occupation: Butcher — Where Residing if not at place of death: Near Laurel

Married, ~~Single or Widowed~~: Yes — Name of Wife or Husband: Annie Hill

Father's Name: William Hill — Father's Birthplace: Pa

Mother's Maiden Name: Helen M Smith — Mother's Birthplace: Baltimore

Name of person giving information: Annie Hill — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Parenchymatous nephritis — How long: 6 mos

Immediate: Uremia — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Ryerly

Address: Laurel Md

Accident or Suicide?

Name in Full: Robert Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bladensburg; County: Prince Geo.

Date of death: Month: Sept; Day: 26; 1905

Age: Years: 70; Months: —; Days: —

Sex: Male

Color or Race: colored

Birthplace: M.D.

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Sarah Thomas

Father's Name: Don't Know

Father's Birthplace: M.D.

Mother's Maiden Name: " "

Mother's Birthplace:

Name of person giving information: Mrs Gardner

How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia (Paralysis) (4)

How long: Don't know (3 yrs.)

Immediate: Cardiac Asthma

How long: Don't know.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V L Berry

Address: Prince George's Co.

Hyattsville

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Eadmonia Jankins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Silver Hill (County) P. George

Date of death: Month Sept 1905 Day 30

Age: Years 47 Months Days

Sex: Female

Color or Race: White

Birth-place: Virginia

Occupation: Housework

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Marcellus Jankins

Father's Name: William Larkins

Father's Birthplace: Virginia

Mother's Maiden Name: Matilda Hyflin

Mother's Birthplace: Virginia

Name of person giving information: Marcellus Jankins

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know, Saw her when in dying condition

How long: —

Immediate:

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Carsbing M.D.

Address: Forestville Md.

Accident or Suicide?

Name in Full: Henry Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Collington — County: Prince George

Date of death 1905 — Month: Sept. — Day: 14 — Age: Years / Months / Days

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: Farm laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: Frank Johnson — Father's Birthplace: Maryland

Mother's Maiden Name: Not known — Mother's Birthplace: Maryland

Name of person giving Information: John Johnson — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: Not known

Immediate: Coma — How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. R. Walker

Address: Hyatts, Md.

Accident or Suicide? —

Name in Full: Sarah Hodges Dorf.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ather Hyattsville; County: P. G. Co.

Date of death 1905; Month: Sept; Day: 26; Age: Years 74; Months 5; Days 21

Sex: Female; Color or Race: white; Birthplace: Prince Georges

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Mr. John Dorf

Father's Name: Nicholas Hodges; Father's Birthplace: Germany

Mother's Maiden Name: Sarah Other; Mother's Birthplace: "

Name of person giving Information: Alex Hyde; How related to deceased: Son in law.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Biliary Calculus (13); How long: 5 days

Immediate: Pulmonary Oedema; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W. Ratimer M.D.

Address: Hyattsville Md

Accident or Suicide? Neither

Name in Full: George Christian Frederick Lindenkohl

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Laurel — (County): P. Geo. Co.

Date of death: 1905 Month: Sept. Day: 18th.

Age: Years: 28 Months: 2 Days: 11

Sex: Male

Color or Race: White

Birthplace: Wash. D.C.

Occupation: Doctor

Where Residing if not at place of death: Cincinnati

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Adolph Lindenkohl

Father's Birthplace: Kaufungen Germany

Mother's Maiden Name: Pauline Praeger

Mother's Birthplace: Baltimore Md.

Name of person giving information: Dora Bond

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 5 yrs

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Taylor

Address: Laurel

Accident or Suicide?

Name in Full: Willie Irene Busby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: W. C. Wash — County: W. Co.

Date of death 1905: Month: Sep — Day: 29th — Age: Years: — Months: 4 — Days: —

Sex: Female — Color or Race: White. — Birthplace:

Occupation: None — Where Residing if not at place of death: W. C.

~~Married~~ Single or Widowed — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: Ind

Mother's Maiden Name: " — Mother's Birthplace: Unknown

Name of person giving information: Weice, Allen — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lg. Infantum — How long: 2 weeks

Immediate: Unknown — How long: —

Are the name, age, sex, color, date and place correctly given above? to far as known

Signature of Physician: J. L. Wanty

Address: Hedgesville

Accident or Suicide?

Name in Full

Certificate of Death

Rogers Buscoe Mack

Town: Lakeland | County: Prince Georges | MARYLAND

Died at Lakeland

Date 1905 Month 9 Day 8 | Age Y. 0 M. 11 D. 26 | Native of Lakeland | Occupation none

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name J. W. Chesley Mack

Mother's Name Maggie Buscoe

Cause of Death — Primary: Cholera Infantum — How long sick: 3 months

Immediate: Marasmus — Accident, Suicide, Homicide

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Reported by W D Emmerich M.D.

Address College Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Annie Helen Maske

CERTIFICATE OF DEATH

MARYLAND

Died at Forestville Town, Prince George County

Date of death 1905 Month Sept Day 23

Age Years — Months 7 Days —

Sex Female Color or Race White Birthplace Md

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name William Maske Father's Birthplace Germany

Mother's Maiden Name Annie Maugum Mother's Birthplace Md.

Name of person giving information Albert Maske How related to deceased Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Dont know How long

Immediate No physician in attendance How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician J. E. Lousbury M.D.

Address Forestville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Wm Mason Jr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bladensburg — County: Pr Geo

Date of death: Month: Sept — Day: 12 — Years: 20 — Months: — Days: —

Age: 20

Sex: Male — Color or Race: Colored — Birthplace: Bladensburg Md

Occupation: Nothing — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Mason Sr — Father's Birthplace: Md

Mother's Maiden Name: Jennie Mason — Mother's Birthplace: Va

Name of person giving Information: Phil — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of lungs — How long: 1 year

Immediate: General debility — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo W. Palmer MD

Geo W. Morgan

Address: Hyattsville Md

Accident or Suicide? Neither

Name in Full: George W Mathews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Muirkirk (Town) — Prince Geo (County)

Date of death 1905 — Month: Sept — Day: 23

Age: 52 — Months: " — Days: "

Sex: Male — Color or Race: Black — Birthplace: A. A. Co

Occupation: Laborer — Where Residing if not at place of death: Muirkirk

Married, ~~Single or Widowed~~: yes — Name of Wife or Husband: Mathews

Father's Name: Do not know — Father's Birthplace:

Mother's Maiden Name: Do not know — Mother's Birthplace:

Name of person giving In formation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular heart disease — How long: 2 years

Immediate: undetermined — How long: suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Taylor

Address: Laurel Md

Accident or Suicide?

Murdock

Name in Full: William A. Meloy.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Lanham

County: Prince George

Date of death: Month Sept. Day 20th 1905

Age: Years 72 Months — Days —

Sex: Male

Color or Race: white

Birthplace: N. Y.

Occupation: Lawyer

Where Residing if not at place of death: 118 E St. N.W. Washington D.C.

Married, Single or Widowed: Married

Name of Wife or Husband: Emily J. Meloy

Father's Name: Friedrich W. Meloy

Father's Birthplace: N. Y.

Mother's Maiden Name: Martha E. Meloy

Mother's Birthplace: Conn.

Name of person giving information: Emily J. Meloy

How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetes Mellitus — How long: two years

Immediate: Exhaustion — How long: —

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo MacDonald MD

Address: 1204 G St N.W. Washington D.C.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Gracie Plummer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Hyattsville (Town) — County: Pr. Geo

Date of death: 1905 — Month: Sept — Day: 16 — Age: Years 13 — Months 7 — Days 4

Sex: Female — Color or Race: Colored — Birthplace: Hyattsville Md

Occupation: School girl — Where Residing if not at place of death: Home

Married, Single or Widowed: Single. — Name of Wife or Husband: ——

Father's Name: Nickolas S. Plummer — Father's Birthplace: Pr. Geo Co Md

Mother's Maiden Name: Francis Harris — Mother's Birthplace: Washington D.C.

Name of person giving information: Nickolas Plummer — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis + Mitral regurg — How long: 1 year

Immediate: Mitral incompensation — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Geo W Gatimer MD

Address: Hyattsville Md

Accident or Suicide? Neither

Name in Full: John E. Richards

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Z.B. County: Pr. Geo

Date of death 190 6 Month: 9 Day: 3

Age: Years: Months: 2 Days:

Sex: male Color or Race: white Birthplace: Westwood Md

Occupation: Where Residing if not at place of death: Westwood Md

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: James Richards Father's Birthplace: Md

Mother's Maiden Name: Minnie Demar Mother's Birthplace: Md

Name of person giving information: James Richards How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malnutrition How long: several week

Immediate: Enteritis How long:

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John A. Carr

Address: Z.B. Md

Accident or Suicide?

Name in Full: Gill Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Forestville (Town) P. George (County)

Date of death 1905 Month: Sept Day: 3rd Years: Age 21 Months: Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation: Farming Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Frederick Richardson Father's Birthplace: Md.

Mother's Maiden Name: Georgie Pope Mother's Birthplace: Md.

Name of person giving Information: Pembroke Richardson How related: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia & Typhoid How long: 10 days

Immediate: Peritonitis How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: John A. Waring

Address: Clinton Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Henry Schwier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Bladensburg (County) Prince Geo.

Date of death: 1905 Month: Sept Day: 3 Years: 87 Months: Days:

Sex: Male Color or Race: White Birthplace: Germany

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Widower Name of Wife or Husband: Elizabeth Kemp

Father's Name: Dont Know Father's Birthplace:

Mother's Maiden Name: " " Mother's Birthplace:

Name of person giving Information: John H. Schwier How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea How long: 2 wks

Immediate: Pulmonary Oedema How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis W. Hatimer M.D.

Address: Hyattsville Md

Accident or Suicide? Neither

Name in Full: Lara Matilda Shelton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town — Lanham P.O. Md. County — Prince George

Date of death 1905: Month — 9 Day — 2

Age: Years — 90 Months — 8 Days — 8

Sex: female Color or Race: Colored Birthplace: Charles Co. Md.

Occupation: House keeping Where Residing if not at place of death: Lanham, Md.

Married, Single or Widowed: Widowed Name of Wife or Husband: Lonzy Shelton.

Father's Name: Robert Campbell Father's Birthplace: Charles Co Md

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Jennie Key How related to deceased: Daughter-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis How long: —

Immediate: How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John W. Dwell M.D.

Address: Springfield Md.

Accident or Suicide?

Name in Full: Daisy Viola Soper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Camp Springs — Town; P.G. — County

Date of death: 1905 — Month: Feb — Day: 15th

Age: — Years; 4 Months; — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: At home

~~Married~~ Single ~~or Widowed~~ — Name of Wife or Husband: —

Father's Name: Charles Soper — Father's Birthplace: Md

Mother's Maiden Name: — Allen — Mother's Birthplace: Md

Name of person giving information: Chas. Soper — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease Colds, S. Irritation — How long: 4 wks

Immediate: Exhaustion — How long: Continuous.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Waring

Address: Clinton

~~Accident or Suicide?~~

Name in Full

Certificate of Death

Thomas H. Thompson.

Died at Town Upper Marlboro' County Prince George's. MARYLAND

Date 1905 Month 9 Day 6 | Age Y. 61 M. D. | Native of Maryland | Occupation Farmer.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 9

Husband ~~Wife~~ of Annie (Hardy) Thompson.

Father's Name —

Mother's Name —

Cause of Death { Primary Pernicious Malaria

Immediate Algid form.

How long sick one day

~~Accident, Suicide, Homicide~~

Reported by Marcus D. Stinner M. D.

Address Upper Marlboro' Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Clara Louise Tippett

CERTIFICATE OF DEATH

MARYLAND

Died at: Tippett (Town) — Prince George (County)

Date of death: 1901 — Month: 9 — Day: 22

Age: Years: — Months: — Days: 10

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Lewis A. Tippett — Father's Birthplace: Md.

Mother's Maiden Name: Lillie May Degan — Mother's Birthplace: Md.

Name of person giving Information: Lewis A. Tippett — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long

Immediate: Infantile Convulsions — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. Lurth

Address: Forestville, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Corinne Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near (Town) Mitchellville, (County) Prince Georges

Date of death 1905 Month: Sept. Day: 22

Age: Years: Months: 8 Days:

Sex: Female

Color or Race: Colored

Birthplace: Prince Geo's Co. Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Frank Turner

Father's Birthplace: Prince Geos. Co.

Mother's Maiden Name: Nannie Bird

Mother's Birthplace: Maryland

Name of person giving information: ~~J. F. R. Dufour~~ Frank Turner

How related to deceased: ~~Not related~~ Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intermittent Fever — How long: Two weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. R. Dufour

Address: Malls Md.

Accident or Suicide?

Name in Full James Francis Ware

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mellwood		(County) Prince George	
Date of death 1905	Month Sept	Day 25	Years 82 / Months — / Days —
Sex Male	Color or Race White		Birthplace St Marys Md
Occupation Farmer		Where Residing if not at place of death Mellwood	
Married, Single or Widowed Married	Name of Wife or Husband		
Father's Name Edward S. Ware			Father's Birthplace Md
Mother's Maiden Name Adaline Oliver			Mother's Birthplace Md
Name of person giving Information his Son James Ware			How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	How long 2 weeks
Immediate Paralysis	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr J. E. Sansbury
	Address Forestville Md
Accident or Suicide?	

Name in Full: Hedge

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Upper Marlboro (County): P. G.

Date of death	Month	Day	Years	Months	Days
1905	9	21	—	4	—

Age

Sex: Female

Color or Race: Black

Birthplace: P. G. Co

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Robert Hedge

Father's Birthplace: P. G. Co

Mother's Maiden Name: Catherine Lee

Mother's Birthplace: " " "

Name of person giving Information: George Hedge

How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know — How long: —

Immediate: " " — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: his George X Hedge mark

Address: Upper Marlboro Md

Accident or Suicide?

Name in Full: Samuel T. Wells

CERTIFICATE OF DEATH

MARYLAND

Died at: Croom (Town) Sta (Town) Pr Geo (County)

Date of death: 1905 (Month) Sept (Day) 25

Age: Years 58 Months Days

Sex: Male

Color or Race: white

Birthplace: P.G.C.

Occupation: Farming

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: James Wells

Father's Birthplace:

Mother's Maiden Name: Sarah Taymon

Mother's Birthplace:

Name of person giving information: Edmund Wells

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: George Willis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Beltsville

County: Prince George

Date of death: 1905 Month: 9 Day: 14

Age: Years: 26 Months: — Days: —

Sex: Male

Color or Race: Colored

*Birthplace: Pr. Geo. Co. Md.

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Thomas Willis

Father's Birthplace: Charles Co. Md.

Mother's Maiden Name: Julia James

Mother's Birthplace: Virginia

Name of person giving Information: Thomas Willis

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not known, dead

How long:

Immediate: When reported

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Hally M. D.

Address: Beltsville, Md.

Accident or Suicide?

Name in Full: Fannie Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ammendale (Town) — Prince George (County)

Date of death: 1905 Sept (Month) 23 (Day) — Age: 28 (Years) — Months: – — Days: –

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: Place of death

Married, ~~Single or Widowed~~ — Name of Wife or Husband:

Father's Name: Dont Know — Father's Birthplace: –

Mother's Maiden Name: Nannie Wells — Mother's Birthplace: Md

Name of person giving information: Reason Lancaster — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pthisis Pulmonalis — How long: about six mnth

Immediate: Hemorrhage — How long: Few days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: C. A. H.

Address: Bellevue Md

~~Accident~~ or Suicide?

Name in Full: Minnie E. Windsor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Largo — County: Prince George

Date of death: Month: Sept — Day: 23 — 1905

Age: Years: 1 — Months: 1 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Eugene Windsor — Father's Birthplace: Maryland

Mother's Maiden Name: Francis Ferguson — Mother's Birthplace: Maryland

Name of person giving information: Cora Mackenzie — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Five days

Immediate: Convulsions — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. R. Walker

Address: Halls Md.

Accident or Suicide? —

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